

## ACUPUNCTURE BOARD

1747 N. Market Blvd, Suite 180, Sacramento, CA 95834 Phone: (916) 515-5200 Fax: (916) 928-2204 www.acupuncture.ca.gov



## NOTIFICATION OF ADDRESS CHANGE

Each person holding a license, registration, approval or any other authority issued under this chapter shall file his or her proper and current mailing address with the board, and shall notify the board, in writing, within thirty (30) days of any and all changes of mailing address, giving both the old and new address. (C.C.R. Title 16, Section 1399.406)

NAME:		LICENSE NO		
OLD ADDRES	SS OF RECORD*			
				_
Number	Street Name	Apt/Suite No.		
City	State	Country	Zip Code	-
NEW ADDRE	SS OF RECORD*			
Number	Street Name	Apt/Suite No.		-
City	State	Country	Zip Code	-
		()		
Signature		Phone Number	Date	
		·	on the board's licensing scre ddress, and it is made availab	

to the public for purposes of mailing lists and/or license verification.